HCBS Qualified Assessor Refresher Training

TN Division of TennCare | LTSS

Rules for the Training

- Review each slide in it's entirety
- Read and acknowledge the attestation on the Attestation page

Qualified Assessor

Division of TennCare | LTSS

Qualified Assessor

HCBS PAEs submitted 4/6/17 and after must include:

- ✓ A recent medical history and physical, and/or other medical records supporting the functional deficits as indicated on the PAE application **and**
- ✓ HCBS Documentation tools including applicant and collateral interviews; these tools are **optional** for completion and submission when you are able to obtain other documentation to support the H&P and the PAE.

TennCare LTSS will only accept HCBS PAEs assessed by individuals who have been deemed a HCBS Qualified Assessor (regardless of TPAES submitter). This qualification will be assigned by LTSS for each individual that meets the LTSS HCBS Qualified Assessor requirements and will be given a unique assessor code. This code must be documented on the PAE with the Assessor Certification signature.

What does this mean?

This means that you have been trained and deemed qualified to assess CHOICES applicants using the applicant and collateral tools and instructions provided by LTSS. This also means that the documentation requirements for HCBS PAEs are a recent medical history and physical and/or other medical records supporting the functional deficits as indicated on the PAE application and the HCBS Documentation tools

Qualified Assessor

LTSS requirements for HCBS Qualified Assessors are as follows:

- Must complete an online HCBS Qualified Assessor Training and pass the test given after the training. Online trainings will be offered every month by TennCare.
- An annual online refresher training to renew HCBS Qualified Assessor status and code.

Codes will be tracked at TennCare, per assessor, and will be reviewed to ensure correct usage.

PAE Fundamentals

Source of “Truth”

Rules of Tennessee Department of Finance and Administration Division of TennCare

The rules can be found on the TennCare and SOS websites

CHOICES

CHOICES is made up of three (3) groups, each with distinct eligibility/enrollment requirements and benefits:

Group 1

Consists of persons who are receiving Medicaid reimbursed long term services and supports in a nursing facility. This includes persons who are eligible for Medicaid in any eligibility category regardless of age or condition, and who meet NF LOC.

Group 2

Consists only of persons age 65 and older and adults age 21 and older with physical disabilities who meet NF LOC, qualify as either SSI recipients or in an Institutional category, and who need and are receiving HCBS as an alternative to NF care.

Benefits limited via cost neutrality cap

* Enrollment target exists

Group 3

Consists only of persons age 65 and older and adults age 21 and older with physical disabilities who do NOT meet NF LOC, but who, in the absence of HCBS, are "at risk" for NF care, and who qualify as SSI recipients as of July 1st, 2015.

Benefits limited via expenditure cap


A closer look into
CHOICES
Enrollment
Criteria

Group 1

* Important to know when a Group 2 or 3 member is requesting to transition to Group 1.

1. Either a negative PASRR or a positive PASRR that is determined by DIDD/DMH to be appropriate for NF placement
2. Meet NF LOC
   - For 1a: an approved PAE for NF LOC
   - For 1b: approved for ERC
3. Medicaid eligibility
4. Medicaid Only Payer Date
5. Freedom of Choice Form

PASRR

Pre Admission Screening and Resident Review (PASRR)

Purpose: to ensure that nursing facility applicants and residents with serious mental illness (SMI) and/or intellectual and developmental disability (ID and DD) are identified, placed appropriately, admitted or allowed to remain in a particular NF only if they can be appropriately served there. They must also be provided with the disability services they need, including rehabilitative and specialized services.

Must be complete prior to a PAE submission

Level 1: Screening

Completed for anyone admitted to a Medicaid certified nursing facility. Used to determine presence or suspicion of SMI, ID or DD.

When a suspicion of disability, as specified above, is identified through the Level I screen, there are 6 federal options for NF admission without the full Level II evaluation. These are as follows:

- **Exempted Hospital Discharge (EHD)—** a person is currently admitted to the hospital and is going to the NF for treatment of the condition for which s/he received hospital care, and whose physician certifies will likely require 30 days or fewer of NF services.
- **Convalescent Care—** a person is currently admitted to the hospital and is going to the NF for treatment of the condition for which s/he received hospital care, and whose physician certifies will likely require 60 days or fewer of NF services.
- **Respite—** a person who resides in a community setting and requires a brief NF admission to provide respite to in-home caregivers. This outcome provides 9 days for CHOICES members.
- **Terminal Illness—** a person has a terminal illness, and whose physician certifies s/he has a life expectancy of 6 months or less. This outcome provides 180 calendar days in the NF.
- **Severe Physical Illness—** a person who has a coma, ventilator dependence, functioning at brain stem level, or diagnoses, such as, Parkinson's disease, Huntingdon's disease, or ALS, which result in a level of impairment so severe that the individual could not be expected to benefit from specialized services. This is not a time limited stay, although the person's physician must certify the individual's condition. A new level 1 screen should be submitted should there be any improvement in the person's physical condition.
- **Dementia and ID—** a person has an intellectual disability and dementia and whose physician certifies the condition.

If the Level I indicates a suspicion of a PASRR condition, and no exemption or categorical applies, then a full PASRR (level II) evaluation must occur prior to NF admission....

Level II: Comprehensive Evaluation

This is a federal requirement. NFs may not be paid for admission prior to completion of all PASRR activity including complete and appropriate categorization of the person's condition.

Onsite assessment of MI, ID, or DD status and needs are conducted by an assessor and reviewed by a quality team. The team makes written recommendations about placement and treatment or service needs.

This evaluation is required at admission and whenever a resident experiences a significant change in status.

PASRR Significant Change in Status Indicators

- All residents whether previously identified through PASRR or not, who are demonstrating emergence of new symptoms or significantly increased behavioral, mood or psychiatric symptoms.
- Any resident with known/ suspected MI, ID or DD whose behavioral, mood, or psychiatric related symptoms have not responded to treatment.
- Any resident with known/ suspected MI, ID or DD who experiences an improved medical condition, such that the plan of care or placement recommendations may require modifications.
- A resident whose condition or treatment is significantly different than described in the resident's PASRR Level II determination.
- A resident with MI, ID or DD who was approved short-term and is expected to stay longer.
- Following inpatient psychiatric stay to confirm appropriateness of NF, for a person whose Level II evaluation resulted in a decision requiring inpatient psychiatric treatment.

PAE

Pre Admission Evaluation (PAE)

Purpose: to determine an individual's medical (or LOC) eligibility for TennCare-reimbursed care in a NF or ICF/IID, and in the case of NF services, the appropriate level of reimbursement for such care, as well as eligibility for HCBS as an alternative to institutional care, or in the case of persons At Risk for Institutionalization, in order to delay or prevent NF placement. For purposes of CHOICES, the PAE application shall be used to determine LOC and for persons enrolled in CHOICES Group 2, determining the Member's Individual Cost Neutrality Cap.

Financial Eligibility

Medicaid = TennCare

May be initiated and processed at the same time that the PASRR/PAE review is conducted. Reimbursement of LTC services require an approved PAE, therefore Medicaid eligibility can't occur until the PAE is approved and other enrollment criteria are satisfied.

Member Services, housed within TennCare, must determine if the person is financially eligible to receive TennCare Medicaid; it is the responsibility of the applicant and/or representative to cooperate with the TennCare Member Services to provide information for review if requested.

Medicaid eligibility may be seen by TennCare providers at TNAnytime.

LTSS cannot begin CHOICES enrollment until Medicaid has been approved and Medicaid eligibility begins.

If there are questions regarding financial eligibility please contact TennCare Connect at 1-855-259-0701.

MOPD

Medicaid Only Payer Date (MOPD)

Persons admitted to a nursing facility may or may not have other payer sources. The nursing facility must notify TennCare when they intend to bill TennCare CHOICES (or Medicaid) for the NF services because all other payer sources are non-existent or have already been used. Other payer sources include third party liability such as private insurance or Medicare. It also means that the patient is not privately paying.

The MOPD is required (in addition to other enrollment requirements) before a person is enrolled into CHOICES Group 1

MOPD

Medicaid Only Payer Date (MOPD) *continued*

- The MOPD must be a known date, not a guess or estimate.
- The MOPD may be entered (into TPAES) at the time of the PAE submission *only if known*. If the MOPD is not known at the time of the PAE submission and more information needs to be gathered about other payer sources, the NF can enter the MOPD at any time.
- The MOPD is independent of the PAE approval date and Medicaid effective date. The latest of these three dates is used to determine the enrollment effective date.
- If a MOPD has been entered, and CHOICES enrollment has begun, the MOPD cannot be changed without the MCO's approval. NF reimbursement may have already occurred and if the MOPD changes the CHOICES enrollment effective date may change.
- If the MOPD is entered at a later time after the PAE submission…and there has been more than 90 days between the PAE approved effective date and the MOPD (not the date the MOPD is entered, but the actual MOPD)…the NF must recertify the PAE to enter the MOPD on the recertified PAE. A recertification is an updating of the physician's certification signature and date; an updated certification page must be sent to TennCare. The purpose of the certification is for a physician to certify that the applicant still requires the same level of care as the original certification.

Recertification

Example 1

NF submits a PAE that is approved on 7/1/12. On 12/1/12, the NF enters the MOPD. The MOPD is 8/1/12. In this case, the NF does NOT have to recertify the PAE.

Example 2

NF submits a PAE that is approved on 7/1/12. On 6/1/13, the NF enters the MOPD. The MOPD is 12/1/12. In this case, the NF does have to recertify the PAE.

Example 3

NF submits a PAE that is approved on 7/1/12. On 8/1/13, the NF enters the MOPD. The MOPD is 8/1/13. In this case, the NF has to submit a new PAE.

Group 2

1. An approved PAE for NF LOC
2. Medicaid eligibility
3. Group 2 must have capacity within the enrollment target
4. Persons needs must be safely met in the community and within cost neutrality

PAE

Pre Admission Evaluation

Purpose: to determine an individual's medical (or LOC) eligibility for TennCare-reimbursed care in a NF or ICF/IID, and in the case of NF services, the appropriate level of reimbursement for such care, as well as eligibility for HCBS as an alternative to institutional care, or in the case of persons At Risk for Institutionalization, in order to delay or prevent NF placement. For purposes of CHOICES, the PAE application shall be used to determine LOC and for persons enrolled in CHOICES Group 2, determining the Member's Individual Cost Neutrality Cap.

Safety

For members who are currently enrolled in CHOICES

- The MCO must determine based on a comprehensive, face to face assessment that the member's needs cannot be safely and appropriately met in the care setting requested (in this case the home/community) or another care setting otherwise available within the individual's cost neutrality cap.
- This determination must be made considering all covered services and supports available within the individual's cost neutrality cap.
- The MCO must submit a safety Transition request, with supporting documentation, to LTSS for review and approval (via a TPAES transition).
- Member must also agree to transition to a nursing facility setting in order to remain enrolled in CHOICES.

Cost Neutrality

- TennCare must determine that ongoing services are needed and can be provided within that individual's cost neutrality cap.
- Individual's cost neutrality cap may change with a new PAE approval.
- AAAD will not make cost neutrality determinations; the MCO will need to verify cost neutrality criteria is met upon CHOICES HCBS enrollment.

Group 3

1. An approved PAE for At Risk LOC
2. Financial eligibility as an SSI recipient*
3. Must meet target population (age 65 or older or adults age 21 or older with physical disabilities)
4. Persons needs must be safely met in the community with the array of services and supports that would be available if the applicant was enrolled in the group and within expenditure cap

*Interim Group until 6/30/2015

PAE

Purpose: to determine an individual's medical (or LOC) eligibility for TennCare-reimbursed care in a NF or ICF/IID, and in the case of NF services, the appropriate level of reimbursement for such care, as well as eligibility for HCBS as an alternative to institutional care, or in the case of persons At Risk for Institutionalization, in order to delay or prevent NF placement. For purposes of CHOICES, the PAE application shall be used to determine LOC and for persons enrolled in CHOICES Group 2, determining the Member's Individual Cost Neutrality Cap.

Target Population

Persons age 65 and older or persons 21 years of age and older who have one or more physical disabilities as defined in TennCare Rule:

"(a) One or more medically diagnosed chronic, physical impairments, either congenital or acquired, that limit independent, purposeful physical movement of the body or of one or more extremities, as evidenced by substantial functional limitations in one or more ADLs that require such movement—primarily mobility or transfer—and that are primarily attributable to the physical impairments and not to cognitive impairments or mental health conditions. Includes any adult age 21 or older who meets level of care criteria for Medicaid Level 1 reimbursement of care in a nursing facility, CHOICES HCBS and PACE as set forth in TennCare Rule.
(b) An individual with cognitive impairments or mental health conditions who also has one or more Physical Disabilities as defined above may qualify as "Physically Disabled," and may be enrolled into CHOICES Group 2 or CHOICES Group 3 so long as such individual can be safely served in the community and at a cost that does not exceed the individual's Cost Neutrality Cap or Expenditure Cap, as applicable. This includes consideration of whether or not the CHOICES Group 2 or CHOICES Group 3 benefit package, as applicable, adequately addresses any specialized service needs the applicant may have pertaining to the cognitive impairment or mental health condition, as applicable."

A LOOK INSIDE THE

CHOICES PAE

CHOICES Pre-Admission Evaluation (PAE)

APPLICANT Name (Last, First, Middle) _____ Date of Birth ____/____/_____

Street Address _____ County _____

City _____ State _____ Zip _____

SSN _____-_____-_____ **AND** Medicaid Number (if currently eligible) _____

DESIGNEE Name (Last, First, Middle) _____

Street Address _____ Phone (_____)_____-_____

City _____ State _____ Zip _____

Applicant MUST identify the person that s/he wants to receive information about this application OR sign below to show that s/he chooses NOT to have anyone else receive this information:

☐ My signature certifies that I do NOT want a designated correspondent._____

SUBMITTING ENTITY (if other than admitting NF) Agency _____ Contact Name_____

Provider Number _____ Phone (_____)_____-_____Fax (_____)_____-_____

SERVICE REQUESTED:

☐ **HCBS**

Check **Target Group(s)** below, as applicable:

☐ Age 65 + ☐ Physically disabled (21 +) – specify diagnosis or condition _____

Check **one** of the **Cost Neutrality Caps** below:

☐ Level 1 ☐ Level 2 ☐ CV (Chronic Ventilator) ☐ TS (Tracheal Suctioning)

PAE Request Type

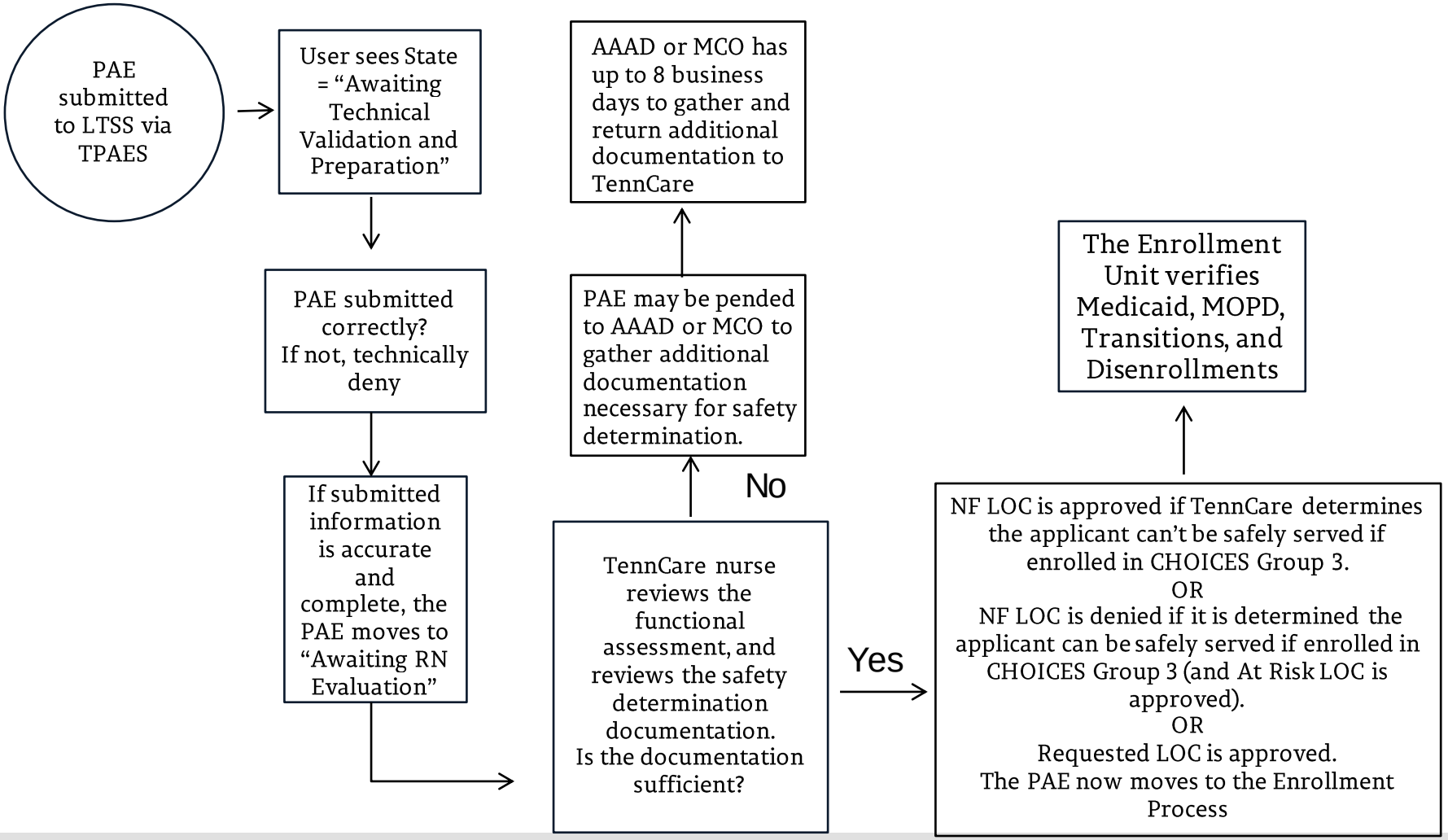
What type of PAE should I request?

The following Submission Request Types must be marked on all PAEs:

Request Type	Explanation	1	2	3
New CHOICES Applicant	a person who is currently not a CHOICES member, or has not been a CHOICES member in the last 10 days	x	x	x
Change in current LOC	a person who is a current CHOICES member and his/her level of care needs have changed in any manner such that it is not reflected on the current PAE	x	x	x
Current CHOICES member, current PAE ending	a person who is a current CHOICES member and his/her PAE is soon to end and the requestor believes CHOICES should continue	x	x	x
CN Cap determination	a current Group 2 CHOICES member whose needs have changed and has, therefore, affected the cost neutrality cap that should be applied to the person		x	

TennCare Process

Below outlines the key processes that a PAE moves through once it is submitted to LTSS.
We will review each process and a detailed explanation of the included steps in the next slides.




TN
Division of
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LTSS
All about Level of Care

Meeting Level of Care (Groups 1, 2 and 3)

- NF LOC (Group 1 and 2)-
  - Have a total acuity score of at least 9 on the TennCare NF LOC Acuity Scale; or
  - Meet At Risk LOC and be determined by TennCare to not qualify for enrollment in CHOICES Group 3 because needs cannot be safely met.

- At Risk LOC (Group 3)-
  - Have at least one significant functional deficit on the TennCare NF LOC Acuity Scale and be determined by TennCare that needs can be safely met in the community

Determining Level of Care

- LOC determinations include an assessment of certain functional needs-the need for assistance with Activities of Daily Living (ADLs) and an assessment of certain clinical needs.
- ADLs consist of self care tasks that enable a person to live independently in his own home such as:
    - Transferring from the bed to a chair
    - Walking or using a wheelchair
    - Eating
    - Toileting
- LOC determinations also include considerations of other factors that impact a person's ability to live safely and independently in the community
    - Communication
    - Cognitive Status
    - Behavior
    - Taking medicine

Determining Level of Care

- Skilled and/or rehabilitative services are also captured as part of the total acuity score such as:
  - tube feeding
  - wound care
  - occupational therapy
  - physical therapy
  - non chronic ventilator

Determining Level of Care

NF LOC Acuity Scale

- TennCare reviews each functional and clinical need and assigns a weighted value of each component on a scale of 0 to a maximum of 5, depending on the amount of assistance needed.
- Medical eligibility is based on each applicant's cumulative score, which reflects the acuity of that person's needs.
- This approach:
  - Recognizes that not all functional and clinical needs are alike;
  - Takes into consideration those types of needs that may require more assistance; and
  - Provides some consideration for lesser levels of need for assistance (for a person who needs help only *some* of the time)

Documentation Requirements

Group 1

- ✓ A medically documented diagnosis
- ✓ A recent medical history and physical, and/or other medical records supporting the functional deficits as indicated on the PAE application
- ✓ Medical documentation supporting skilled nursing and/or rehabilitative services, including enhanced respiratory care, as applicable
- ✓ PAE Certification Form

Group 2

- ✓ A medically documented diagnosis
- ✓ A recent medical history and physical, and/or other medical records supporting the functional deficits as indicated on the PAE application
- ✓ HCBS Documentation tools including applicant and collateral interviews; tools are **optional** for completion and submission when you are able to obtain other the documentation.
- ✓ Medical documentation supporting skilled nursing and/or rehabilitative services, including enhanced respiratory care, as applicable
- ✓ Certification of Assessment by Qualified Assessor

Level of Care

Acuity Scale

The acuity scale applies weighted values to the answer that you provide to each question on the functional assessment:

ADL (or related) Deficiencies		Weights					
Functional Measure	Condition	Always	Usually	Usually Not	Never	Max Individual Score	Max Acuity Score
Transfer	Highest value of two measures	0	1	3	4	4	4
Mobility		0	1	2	3	3	
Eating		0	1	3	4	4	4
Toileting	Highest value of three possible questions for the toileting measure	0	0	1	2	2	3
Incontinence care		0	1	2	3	3	
Catheter/ostomy care		0	1	2	3	3	
Orientation		0	1	3	4	4	4
Expressive communication	Highest value of two possible questions for the communication measure	0	0	0	1	1	1
Receptive communication		0	0	0	1	1	
Self-administration of medication	First question only (excludes SS Insulin)	0	0	1	2	2	2
Behavior		3	2	1	0	3	3
Maximum Possible ADL (or related) Acuity Score							21

Points to Remember:

- TennCare LTSS previously could only approve/deny what you submit. As of April 15th, 2014 LTSS nurses may partially approve answers based on the medical documentation submitted.
- TennCare LTSS can only approve/deny the scores associated with the answers you submit. If you submit anything below a 9, the approved score will never be above a 9.

Level of Care

Skilled Services/Enhanced Respiratory Care

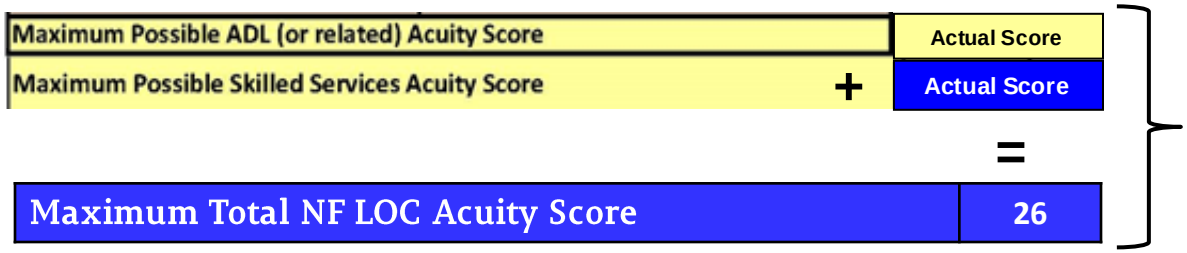
Utilizing the answers that are provided on the PAE submission:

Skilled Services	Associated Points
Ventilator (does not include vent weaning services)	5
Infrequent Tracheal Suctioning (Previously named: New Tracheostomy or Old Tracheostomy: Requiring Suctioning Through The Tracheostomy Multiple Times Per Day At Less Frequent Intervals, i.e. < every 4 hours)	3
Total Parenteral Nutrition TPN	3
Complex wound care (e.g., infected wounds, dehisced wounds, 3 or more stages and/or stage 4 wounds, unstageable wounds and deep tissue injury (as defined by NPUAP-National Pressure Ulcer Advisory Panel)	3
Wound care for stage 3 or 4 decubitus	2
Peritoneal Dialysis	2
Tube feeding, enteral	2
Intravenous Fluid Administration	1
Injections, sliding scale insulin	1
Injections, other IV,IM	1
Isolation Precautions	1
PCA Pump	1
Occupational therapy by OT or OT assistant	1
Physical therapy by PT or PT assistant	1
Teaching catheter/ ostomy care	0
Teaching self-injection	0
Enhance Respiratory Care Service	**Associated Points**
Chronic Ventilator	5
Secretion Management Tracheal Suctioning	4
Maximum Possible Skilled Services/Enhance Respiratory Care Acuity Score	**5**

= total of all actual maximum acuity scores; only up to 5

Level of Care

Acuity Scale



All answers may be approved or denied by TennCare based on supporting documentation. If an answer is denied, the assigned value would not apply to the "actual score". Only those approved will apply to the "actual score". This means the total acuity score may change once a PAE is reviewed by TennCare.

Safety Determination

Safety Determination

What is a safety determination according to rule?

A decision made by the Bureau in accordance with the process and requirements described in Rule 1200-13-01-.05(6) regarding whether an Applicant would qualify to enroll in CHOICES Group 3 (including Interim CHOICES Group 3) or if there is sufficient evidence, as required and determined by TennCare, to demonstrate that the necessary intervention and supervision needed by the Applicant cannot be safely provided within the array of services and supports that would be available if the Applicant was enrolled in CHOICES Group 3, including CHOICES HCBS up to the Expenditure Cap of $15,000, non-CHOICES HCBS available through TennCare (e.g., home health), cost-effective alternative services (as applicable), services available through Medicare, private insurance or other funding sources, and natural supports provided by family members or other caregivers who are willing and able to provide such care, and which may impact the Applicant's NF LOC eligibility (see Rule 1200-13-01-.1-(4)(b)2.(i)(II) and 1200-13-01-.10(4)(b)2.(ii)(II)).

Safety Determination

- If the applicant cannot be safely served in CHOICES Group 3 within the expenditure cap, using natural supports and all other services available, a safety determination review may be submitted to TennCare with the PAE application.

- The submitter must *show* TennCare why the person would be unsafe if enrolled in CHOICES Group 3.

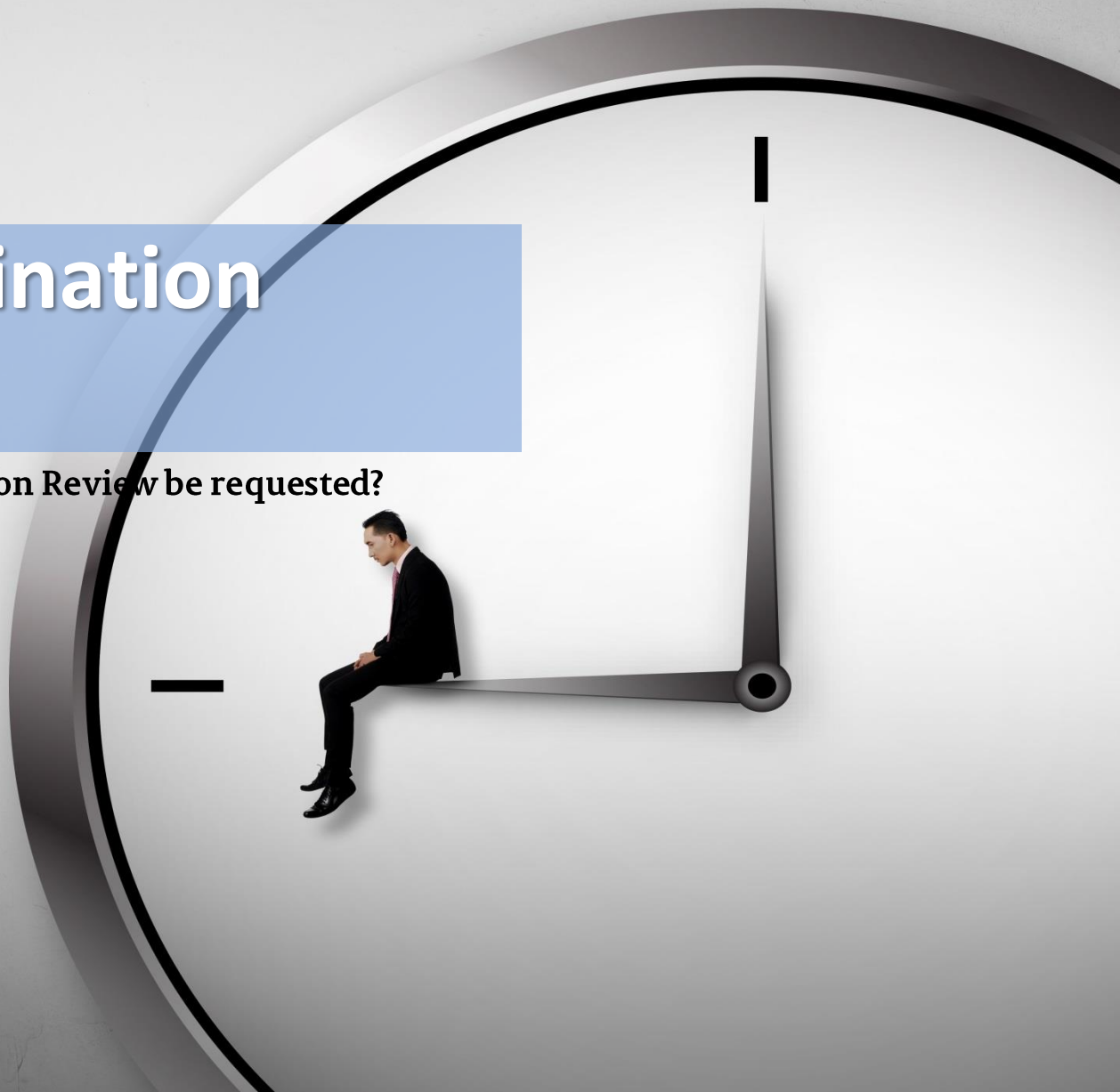
Requesting Safety

- If the applicant requests a Safety Determination Review but the PAE assessor does not agree, the assessor must still complete the Safety Determination Request Form and request the safety determination in TPAES.

- This should be indicated on the form by selecting *"This safety determination form was completed at the request of the applicant/representative"*.

Safety Determination Request

When should a Safety Determination Review be requested?



Keep in mind....

To meet NF LOC the applicant must score a 9 or above on the acuity scale or the person's needs cannot be safely met in the community with the array of services and supports that would be available within the expenditure cap if the applicant was enrolled in CHOICES Group 3.

When to request a safety determination

- When the applicant's acuity score is below a 9 but meets At Risk LOC (one significant deficit) on the functional assessment and it appears their needs can't be safely met within the array of services and supports if enrolled in Group 3.

What if the applicant scores a 9 or above?

- The PAE assessor must ensure that all documentation to approve that score of 9 or above is included with the PAE.
- We would not expect to see a safety determination for this applicant.

Safety Review

How does Tenncare review for safety?

Review of Information

Each safety determination shall include review of information submitted to TennCare as part of the Safety Determination request, including, but not limited to:

1. Diagnosed complex acute or chronic medical conditions which require frequent, ongoing skilled and/or rehabilitative interventions and treatment by licensed professional staff;
2. A pattern of recent falls resulting in injury or with significant potential for injury;
3. An established pattern of recent emergent hospital admissions or emergency department utilization for emergent conditions;
4. Recent nursing facility admissions, including precipitating factors and length of stay;
5. An established pattern of self-neglect that increases risk to personal health, safety and/or welfare requiring involvement by law enforcement or Adult Protective Services;
6. A determination by a community-based residential alternative provider that the Applicant's needs can no longer be safely met in a community setting; and
7. The need for and availability of regular, reliable natural supports, including changes in the physical or behavioral health or functional status of family or unpaid caregivers.

Benefits

In addition to all required documentation the PAE assessor must know and understand all of the Group 3 and TennCare benefits to determine whether the applicant can be safely served in Group 3.

- Members enrolled in Group 3 not only receive Group 3 benefits, they are also eligible to receive TennCare benefits (non CHOICES HCBS), including home health services. TennCare benefits, and CHOICES minor home modifications do not count against the expenditure cap.

- Cost-Effective alternatives (CEA) may also be utilized to safely serve a member in the community. CEAs are approved at the MCO's discretion.

Group 3 Benefits

The total cost of these kinds of care can't be more than $15,000 per calendar year, not counting home modifications.

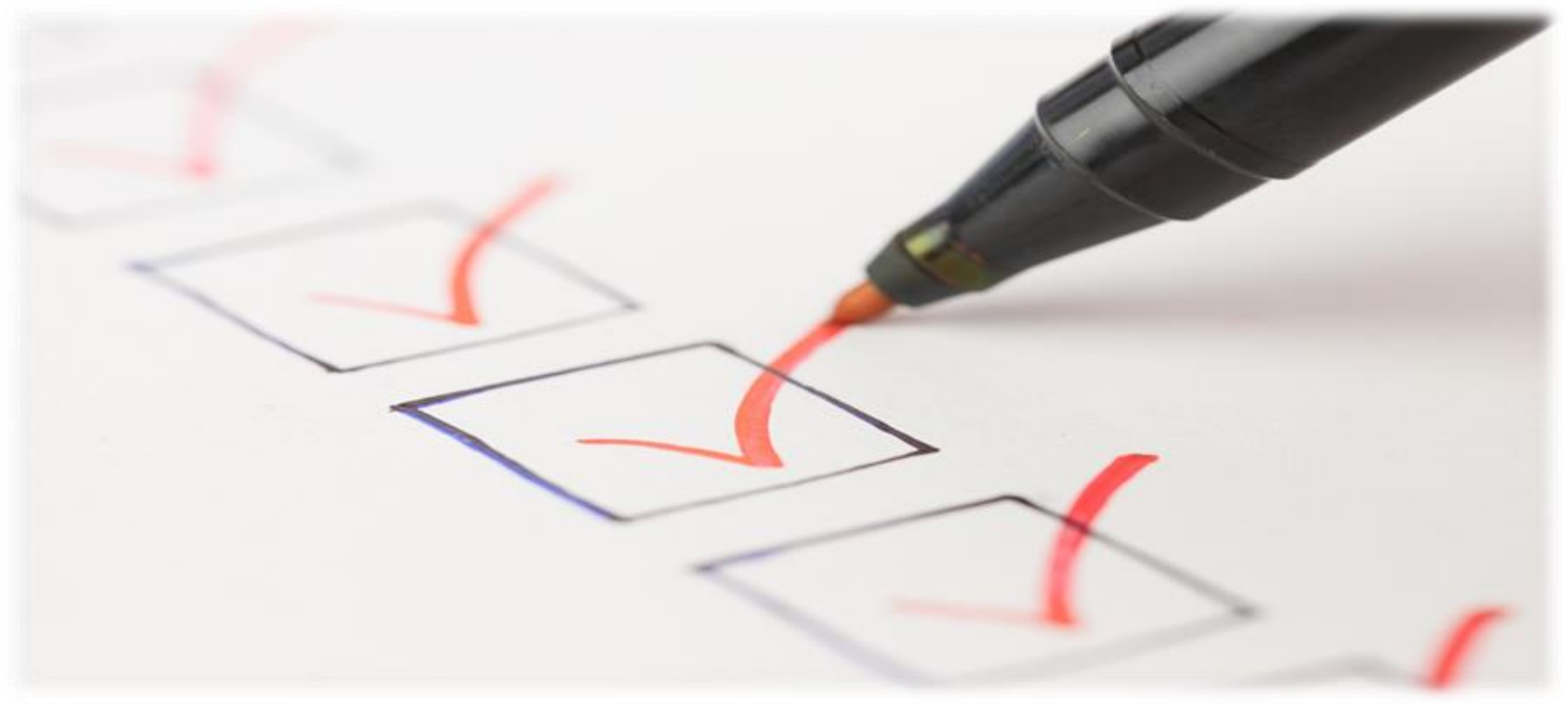
- Adult Day Care: Up to 2,080 hours per calendar year, a place that provides supervised care and activities during the day
- Assistive Technology: Up to $900 per calendar year, certain low-cost items or devices that help the member do things easier or safer in their home like grabbers to reach things
- Attendant Care: Up to 1,080 hours per calendar year
- Personal Care Visits: Up to 2 visits per day, lasting no more than 4 hours per visit; there must be at least 4 hours between each visit
- Home-Delivered Meals: Up to 1 meal per day
- In-Home Respite Care: Up to 216 hours per calendar year, someone to come and stay with the member in their home for a short time so their caregiver can get some rest
- Inpatient Respite Care: Up to 9 days per calendar year, a short stay in a nursing home or assisted care living facility so the member's caregiver can get some rest
- Personal Emergency Response System: A call button so the member can get help in an emergency when their caregiver is not around
- Pest Control: Up to 9 units per calendar year, spraying the member's home for bugs or mice
- Minor Home Modifications: Up to $6,000 per project; $10,000 per calendar year; and $20,000 per lifetime, certain changes to the member's home that will help them get around easier and safer in their home like grab bars or a wheelchair ramp

TennCare Benefits

The need for one-time CHOICES HCBS is not sufficient to meet medical necessity of care for HCBS. If a member's ongoing need for assistance with activities of daily living and/or instrumental activities of daily living can be met, as determined through the needs assessment and care planning processes, through the provision of assistance by family members and/or other caregivers, or through the receipt of services available to the member through community resources (e.g., Meals on Wheels) or other payer sources (e.g., Medicare), the member does not require HCBS in order to continue living safely in the home and community-based setting and to prevent or delay placement in a nursing facility.

Some of the TennCare benefits include:

- Home Health Services: Home health services for adults aged 21 and older are limited to 8 hours per day and 27 hours per week of nursing care, with a limit of 30 hours per week for enrollees who qualify for skilled nursing facility care. Home health aide and home health nursing services combined are limited to 8 hours per day and 35 hours per week, with a limit of 40 hours per week for enrollees who qualify for skilled nursing facility care.
- Occupational Therapy
- Physical Therapy Services
- Pharmacy Services
- Non-Emergency Transportation



What does TennCare Need for a Safety Determination Review?

Documentation Requirements

- **Completed Safety Determination Form**
  - At a minimum one justification must be selected for review
  - Supporting documentation may consist of, but is not limited to, narrative descriptions or explanations from submitter, caregivers, or family members; hospital notes, therapy notes, MD visits, ADL flow sheets, encounter notes from nurses, therapists, or physicians; and any other documents which would demonstrate the safety concern(s) for the applicant.

- **Comprehensive Needs Assessment**
  - Assessment of the applicants physical, behavioral and psychosocial needs
  - 6 month history of care, services and living arrangements
  - Explanation of recent events which may have triggered a safety concern

- **Plan of Care**

- **Safety Explanation**

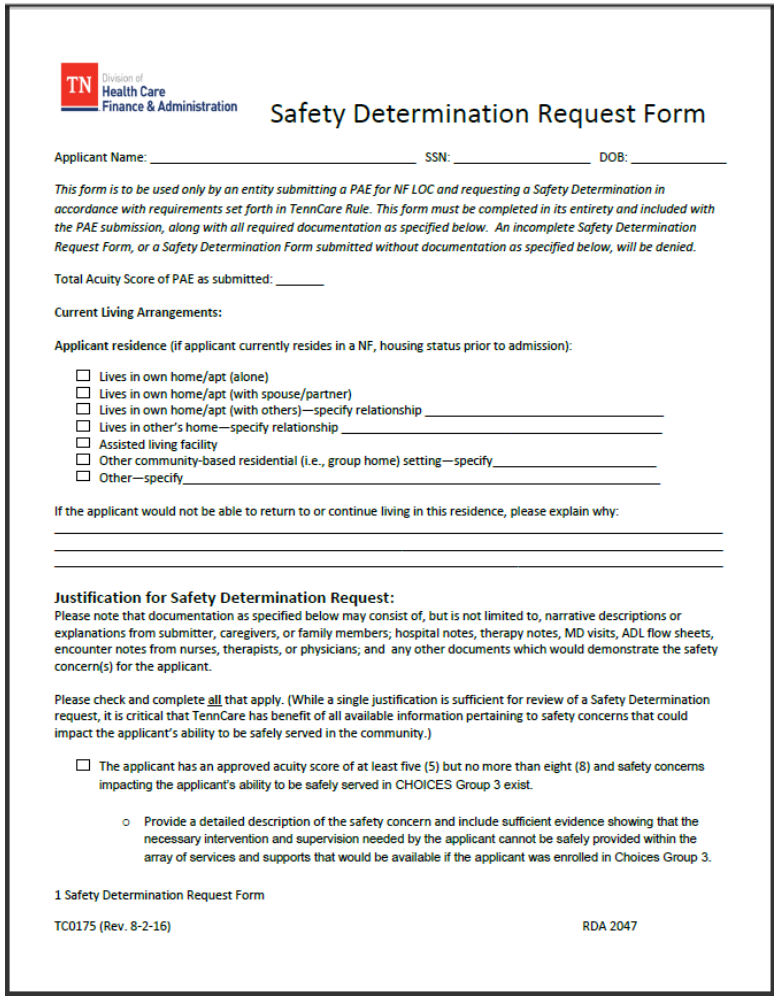
- **Any other documentation that may show why the person's needs can't be met if enrolled in Group 3, even with all Group 3 and TennCare benefits**

**The next few slides will detail each of these requirements.*

Safety Determination Request Form

When compiling the supporting documentation for a Safety Determination request the assessor must utilize the "Safety Determination Request Form".

The qualified assessor will be able to select justifications for the safety request and provide descriptions of why that justification was selected. The assessor does not have to complete the sections that were not checked. This form must be uploaded on the PAE when a safety determination is requested. It should be labeled as 'Safety Determination Request Form'.



TN Division of Health Care Finance & Administration

Safety Determination Request Form

Applicant Name: _____ SSN: _____ DOB: _____

This form is to be used only by an entity submitting a PAE for NF LOC and requesting a Safety Determination in accordance with requirements set forth in TennCare Rule. This form must be completed in its entirety and included with the PAE submission, along with all required documentation as specified below. An incomplete Safety Determination Request Form, or a Safety Determination Form submitted without documentation as specified below, will be denied.

Total Acuity Score of PAE as submitted: _____

Current Living Arrangements:

Applicant residence (if applicant currently resides in a NF, housing status prior to admission):

- ☐ Lives in own home/apt (alone)
- ☐ Lives in own home/apt (with spouse/partner)
- ☐ Lives in own home/apt (with others)—specify relationship _____
- ☐ Lives in other's home—specify relationship _____
- ☐ Assisted living facility
- ☐ Other community-based residential (i.e., group home) setting—specify_____
- ☐ Other—specify_____

If the applicant would not be able to return to or continue living in this residence, please explain why:

_____
_____
_____

Justification for Safety Determination Request:

Please note that documentation as specified below may consist of, but is not limited to, narrative descriptions or explanations from submitter, caregivers, or family members; hospital notes, therapy notes, MD visits, ADL flow sheets, encounter notes from nurses, therapists, or physicians; and any other documents which would demonstrate the safety concern(s) for the applicant.

Please check and complete **all** that apply. (While a single justification is sufficient for review of a Safety Determination request, it is critical that TennCare has benefit of all available information pertaining to safety concerns that could impact the applicant's ability to be safely served in the community.)

- ☐ The applicant has an approved acuity score of at least five (5) but no more than eight (8) and safety concerns impacting the applicant's ability to be safely served in CHOICES Group 3 exist.
  - ○ Provide a detailed description of the safety concern and include sufficient evidence showing that the necessary intervention and supervision needed by the applicant cannot be safely provided within the array of services and supports that would be available if the applicant was enrolled in Choices Group 3.

1 Safety Determination Request Form

TC0175 (Rev. 8-2-16) RDA 2047

Please review the Safety Request Determination Form

Safety Determination Justifications

One of the following justifications MUST be selected on the Safety Determination Form along with documentation to support the justification when submitting a safety determination request:

- The applicant has an approved **total acuity score of at least five (5) but no more than eight (8)** and safety concerns impacting the applicant's ability to be safely served in CHOICES Group 3 exist.

- The applicant has an individual acuity score of at least 3 for the mobility or transfer measures **and** the absence of frequent intermittent assistance for mobility or transfer needs would result in imminent and serious risk to the applicant's health and safety.

  Describe how often mobility and/or transfer assistance is needed by the member and the availability of paid and unpaid caregivers to provide such assistance, including any recent changes in the applicant's needs and/or availability of caregivers to meet such needs.

- The applicant has an individual acuity score of at least 2 for the toileting measure, **and** the absence of frequent intermittent assistance for toileting needs would result in imminent and serious risk to the applicant's health and safety

  Describe how often toileting assistance is needed by the member and the availability of paid and unpaid caregivers to provide such assistance, including any recent changes in the applicant's needs and/or availability of caregivers to meet such needs.

Safety Determination Justifications

- The applicant has an individual acuity score of at least 3 for the Orientation measure **and** the absence of frequent intermittent or continuous intervention and supervision would result in imminent and serious risk of harm to the applicant and/or others.

Provide a detailed description of how orientation deficits impact the applicant's safety, including information or examples that would support and describe the imminence and seriousness of risk.

**Example: An individual who can no longer ambulate independently attempts to get up out of bed every morning without assistance, this individual is not oriented to event/situation and this disorientation could result in serious risk or harm.

- The applicant has an individual acuity score of at least 2 for the Behavior measure **and** the absence of intervention and supervision for behaviors at the frequency specified in the PAE would result in imminent and serious risk of harm to the Applicant and/or others. Provide a detailed description of the specific behavior(s), the frequency of each behavior, and information and/ or examples which support and describe the imminence and seriousness of risk resulting from the behavior(s).

** Example: If a person whose behaviors have led him or her to go outside with minimal clothing in the wintertime or to walk into the middle of a busy street, this could result in serious risk or harm.

- The **applicant** has experienced a significant change in physical or behavioral health or functional needs.

Safety Determination Justifications

- Applicant's **primary caregiver** has experienced a significant change in physical or behavioral health or functional needs which impacts the availability of needed assistance for the applicant.
- Applicant has a pattern of recent falls resulting in injury or with significant potential for injury or a recent fall under circumstances indicating a significant potential risk for further falls.
- The Applicant has an established **pattern of recent emergent hospital admissions** or emergency department utilization for emergent conditions or a recent hospital or NF admission or episode of treatment in a hospital emergency department under circumstances sufficient to indicate that the person may not be capable of being safely maintained in the community (not every hospital or NF admission or ER episode will be sufficient to indicate such).
- The applicant's behaviors or a pattern of self-neglect has created a risk to personal health, safety and/or welfare requiring involvement by law enforcement or Adult Protective Services.

Safety Determination Justifications

- The applicant has recently been **discharged from a community-based residential alternative setting** (or such discharge is pending) because the Applicant's needs can no longer be safely met in that setting.

- The applicant has **diagnosed complex acute or chronic medical conditions** which require frequent, ongoing skilled and/or rehabilitative interventions and treatment by licensed professional staff.

- The applicant requires post- acute inpatient treatment for a specified period of time to allow for stabilization, rehabilitation or intensive teaching in order to facilitate a safe transition into the community.

Safety Determination Justifications

- The applicant's MCO has determined, upon enrollment into Group 3 based on a PAE submitted by another entity, that the applicant's needs cannot be safely met within the array of services and supports available if enrolled in Group 3.

- None of the criteria above have been met, but other safety concerns which impact the applicant being safely served in CHOICES Group 3 exist.

  Provide a detailed description of the safety concern and include sufficient evidence showing that the necessary intervention and supervision needed by the applicant cannot be safely provided within the array of services and supports that would be available if the applicant was enrolled in Choices Group 3.

- The applicant is a current CHOICES Group 1 or 2 member or PACE member enrolled on or after 7/1/2012 and has been determined upon review to no longer meet NF LOC requirements based on a total acuity score of 9 or above, but because of specific safety concerns, still requires the level of care currently being provided. Safety justification and associated documentation must be represented in at least one of the areas listed above.

Comprehensive Needs Assessment

What is a comprehensive needs assessment?

- ✓ An assessment of the applicant's physical, behavioral, and psychosocial needs not reflected in the PAE; the specific tasks and functions for which assistance is needed by the applicant; the frequency with which such tasks must be performed; and the applicant's need for safety monitoring and supervision;
- ✓ The Applicant's living arrangements and the services and supports the Applicant has received during the six (6) months prior to submission of the Safety Determination request, including unpaid care provided by family members and other caregivers, paid services and supports the Applicant has been receiving regardless of payer (e.g., non-CHOICES HCBS available through TennCare such as home health and services available through Medicare, private insurance or other funding sources); and any anticipated change in the availability of such care or services from the current caregiver or payer; and
- ✓ A detailed explanation regarding any recent significant event(s) or circumstances that have impacted the Applicant's need for services and supports, including how such event(s) or circumstances impact the Applicant's ability to be safely supported within the array of covered services and supports that would be available if the Applicant were enrolled in CHOICES Group 3

Plan of Care

What is a plan of care?

A person-centered plan of care developed by the MCO Care Coordinator, NF, or PACE Organization (i.e., the entity submitting the Safety Determination request).

Specifies the following:

- ✓ The tasks and functions for which assistance is needed by the Applicant,
- ✓ The frequency with which such tasks must be performed,
- ✓ The applicant's need for safety monitoring and supervision;
- ✓ The amount (e.g., minutes, hours, etc.) of paid assistance that would be necessary to provide such assistance; and that would be provided by such entity upon approval of the Safety Determination.

In the case of a Safety Determination request submitted by an MCO or AAAD for a NF resident, the plan of care shall be developed in collaboration with the NF, as appropriate. To the extent that all of the required information is not specified in a NF Plan of Care, the NF should still attach the Plan of Care, along with additional documentation regarding tasks and functions, frequency, etc., that will help to describe why the person's needs cannot be safely met in CHOICES Group 3, and why the higher level of care is appropriate.

A plan of care is not required for a Safety Determination submitted by the AAAD

Safety Explanation

What is a safety explanation?

A detailed explanation regarding why the array of covered services and supports, including CHOICES HCBS up to the Expenditure Cap of $15,000 and non- CHOICES HCBS (e.g., home health), services available through Medicare, private insurance or other funding sources, and unpaid supports provided by family members and other caregivers would not be sufficient to safely meet the applicant's needs in the community

You must answer the question:
Why can't the applicant's needs be met within Group 3?

Assessments

Division of TennCare LTSS

Functional Assessment

Let's review each Functional Requirement:

- TennCare Rule 1200-13-01-.10.4(b)(2)(iii) definitions
- Assessment Answer Options
- Assessment Tool Questions/Answers

Key Factors:

- The PAE assessor needs to consider with each question/answer does the applicant require assistance?

- The PAE assessor should consider a person's functionality in a 24 hour/7 days a week window of need.

- Some patients may be able to function well in an area at different times/days. At other times/days, they may not be able to function at all in that area.

Functional Assessment

TennCare definition and interpretation of response options from the functional assessment on the PAE application are as follows:

Always: Always performs function independently
Usually: Requires assistance only 1-3 days per week
Usually Not: Requires assistance 4 or more days per week
Never: Never performs function independently

* For the area of Behavior the definitions listed above are reversed

Most Important Advice!

Know the definitions for each category and apply answers as they relate to that definition. This becomes important when conducting collateral interviews and the person may not understand the question as it would relate to our definition and may therefore provide more unnecessary information than should be applied.

Determining LOC

Activities of Daily Living

Activities of Daily Living consist of self-care tasks that enable a person to live independently in their home.

Transfer

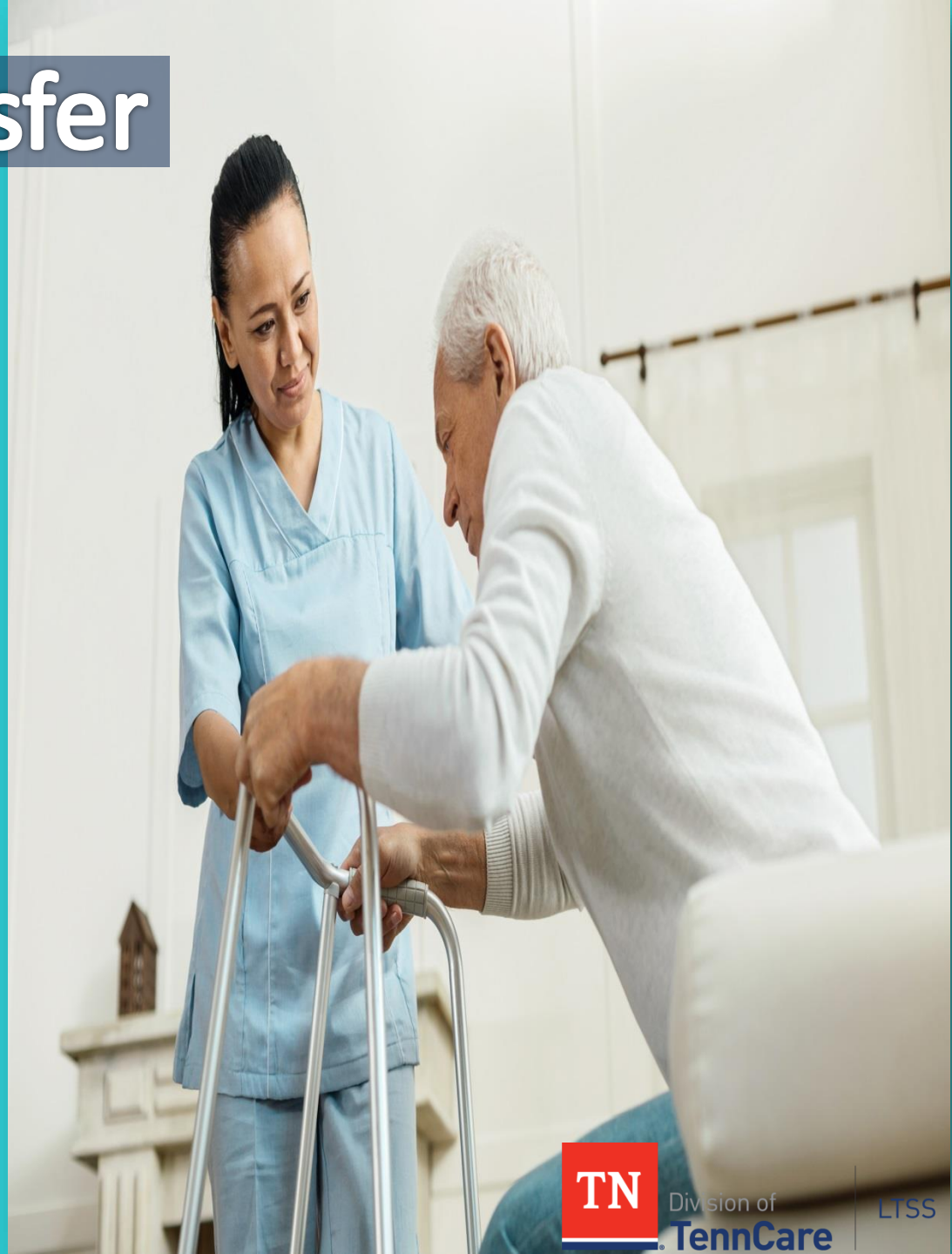
Rule says…

The Applicant is incapable of transfer to and from bed, chair, or toilet unless physical assistance is provided by others on an ongoing basis (daily or at least four days per week).

Approval of this deficit shall require documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of transfer assistance required.

Helpful Hint Transfer

This is moving the body from one place to another without ambulating (which is covered under the Mobility section). It is important to note the rule applies to bed, chair, or toilet only. An example may be the applicant needs someone to hold on to him when he is getting up/down from the bed and on/off the toilet.



Recommended documentation to support this functional deficit:

H&P, Plan of Care, ADL flow sheets, PT notes, nurse's notes, section "G" of MDS, HCBS Tools (Applicant and Collateral tools)

TN Division of TennCare | LTSS

Question on the PAE

Can applicant transfer to and from bed, chair, or toilet without physical help from others?

Always: Applicant is always capable of transfer to and from bed, chair, or toilet without physical assistance.

Usually: Applicant is incapable of transfer to and from bed, chair, or toilet unless physical assistance is provided by others 1-3 days per week

Usually Not: Applicant is incapable of transfer to and from bed, chair, or toilet unless physical assistance is provided by others 4-6 days per week.

Never: Applicant is never capable of transfer to and from bed, chair, or toilet without physical assistance 7 days per week.

Mobility

Rule says…

The Applicant requires physical assistance from another person for mobility on an ongoing basis (daily or at least four days per week). Mobility is defined as the ability to walk, using mobility aids such as a walker, crutch, or cane if required, or the ability to use a wheelchair (manual or electric) if walking is not feasible. The need for a wheelchair, walker, crutch, cane, or other mobility aid shall not by itself be considered to meet this requirement.

Approval of this deficit shall require documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of mobility assistance required.

Helpful Hint Mobility

This is the act of moving from one place to another including the ability to walk, using mobility aids such as a walker, crutch, or cane if required, or the ability to use a wheelchair if walking is not feasible. In other words, if someone is able to get from one place to another using their manual or power wheelchair, this would be considered "mobile". An example may be the applicant needs someone to hold on to him when he is ambulating with his cane.

Recommended documentation to support this functional deficit:

H&P, Plan of Care, ADL flow sheets, PT notes, nurse's notes, section "G" of MDS, HCBS tools

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Questions on the PAE

Can applicant walk without physical help from others?

Always: Applicant is always capable of walking without physical assistance.
Usually: Applicant is incapable of walking unless physical assistance is provided by others 1-3 days per week.
Usually Not: Applicant is incapable walking unless physical assistance is provided by others 4-6 days per week.
Never: Applicant is never capable of walking without physical assistance 7 days per week.

If walking is not feasible (answer to mobility question above is UN or N), is applicant capable of using a wheelchair, either manual or electric?

Always: Applicant is always capable of mobility without physical assistance.
Usually: Applicant is incapable of wheelchair mobility unless physical assistance is provided by others 1- 3 days per week.
Usually Not: Applicant is incapable of wheelchair mobility unless physical assistance is provided by others 4-6 days per week.
Never: Applicant is never capable of wheelchair mobility without physical assistance 7 days per week.

Eating

Rule says…

The Applicant requires physical assistance with gastrostomy tube feedings or physical assistance or constant one-on-one observation and verbal assistance (reminding, encouraging) 4 or more days per week to consume prepared food and drink (or self-administer tube feedings, as applicable) or must be fed part or all of each meal. Food preparation, tray set-up, assistance in cutting up foods, and general supervision of multiple residents shall not be considered to meet this requirement.

Approval of this deficit shall require documentation which supports the need for such intervention, along with evidence that in the absence of such physical assistance or constant one-on-one observation and verbal assistance, the Applicant would be unable to self-perform this task. For PAEs submitted by the AAAD (or entity other than an MCO, NF, or PACE Organization), an eating or feeding plan specifying the type, frequency and duration of supports required by the Applicant for feeding, along with evidence that in the absence of such physical assistance or constant one-on-one observation and verbal assistance, the Applicant would be unable to self-perform this task shall be required.

Helpful Hint Eating

An example may be the applicant needs someone to place food/drink in his/her mouth. Or the applicant requires constant one-on-one observation and verbal assistance to eat.

Recommended documentation to support this functional deficit:

H&P, Plan of Care, ADL flow sheets, OT/ST notes, nurse's notes, swallow study, section "G" of MDS, HCBS tools

Question on the PAE

Can applicant eat prepared meals or administer tube feedings without assistance from others?

Always: Applicant is always capable of eating prepared meals **or administering tube feedings** without assistance.

Usually: Applicant is incapable of eating prepared meals **or administering tube feedings** unless assistance is provided by others 1-3 days per week.

Usually Not: Applicant is incapable of eating prepared meals **or administering tube feedings** unless assistance is provided by others 4-6 days per week.

Never: Applicant in never capable of eating prepared meals **or administering tube feedings** without assistance 7 days per week.

Toileting

Rule says…

The Applicant requires physical assistance from another person to use the toilet or to perform incontinence care, ostomy care, or catheter care on an ongoing basis (daily or at least four days per week).

Approval of this deficit shall require documentation of the specific type and frequency of toileting assistance required.

Helpful Hint Toileting

Includes the act of toileting, adjusting clothing and/or being able to properly clean oneself. This does NOT include the act of getting on/off toilet as this is accounted for in the Transfer question already. Incontinence is scored separately, for example someone may usually be able to toilet but is incontinent and can never clean themselves. Some people have an indwelling catheter and care for it themselves, do not assume the presence of one means the person is Never able to self-care.

Recommended documentation to support this functional deficit:

H&P, Plan of Care, ADL flow sheets, nurse's notes, section "G" of MDS, HCBS tools

Questions on the PAE

Can applicant toilet without physical help from others (This does not include transferring)?

Always: Applicant is always capable of toileting without physical assistance.
Usually: Applicant is incapable of toileting unless physical assistance is provided by others 1-3 days per week.
Usually Not: Applicant is incapable of toileting unless physical assistance is provided by others 4-6 days per week.
Never: Applicant in never capable of toileting without physical assistance 7 days per week.

Questions on the PAE

IF INCONTINENT: Does applicant require physical assistance from another person to perform incontinent care on an ongoing basis?
Check Type(s): [ ] Bowel [ ] Bladder

Always: Applicant is always capable of performing incontinence care without physical assistance.
Usually: Applicant is incapable of performing incontinence care and requires physical assistance 1-3 days per week.
Usually Not: Applicant is incapable of performing incontinence care and requires physical assistance 4-6 days per week.
Never: Applicant is never capable of performing incontinence care and requires physical assistance 7 days per week

If catheter/ostomy present: Does applicant require physical assistance from another person to perform catheter/ostomy care on an ongoing basis?

Always: Applicant is always capable of performing catheter/ostomy care without physical assistance.
Usually: Applicant is incapable of performing catheter/ostomy care and requires physical assistance 1-3 days per week.
Usually Not: Applicant is incapable of performing catheter/ostomy care and requires physical assistance 4-6 days per week.
Never: Applicant is never capable of performing catheter/ostomy care and requires physical assistance 7 days per week.

Orientation

Rule says…

The Applicant is disoriented to person (e.g., fails to remember own name, or recognize immediate family members), place (e.g., does not know residence is a NF), or event/situation (e.g., is unaware of current circumstances in order to make decisions that prevent risk of harm) daily or at least four days per week.

Approval of this deficit shall require documentation of the specific orientation deficit(s), including the frequency of occurrence of such deficit(s), and the impact of such deficit(s) on the Applicant.

Helpful Hint Orientation

Please note that the definition is for disorientation to person, place, or event/situation; this does NOT include such things as time, or people who are not immediate family. An example may be the applicant does not know who he/she is and/or where he/she is or they are unable to make decisions that prevent risk of harm.

Recommended documentation to support this functional deficit:

H&P, Plan of Care, Nurse's notes, psych notes, mini-mental status exam, SLUMS, HCBS tools

Question on the PAE

Is applicant oriented to PERSON (remembers name; recognizes family), PLACE (does not know residence is a NF), or event/situation (e.g., is unaware of current circumstances in order to make decisions that prevent risk of harm)?

Always: Applicant is always oriented to person, place and event/situation.
Usually: Applicant is not oriented to person or place or event/situation 1-3 days per week.
Usually Not: Applicant is not oriented to person or place or event/situation 4-6 days per week.
Never: Applicant is never oriented to person or place or event/situation 7 days per week.

Communication

Rule says…

The Applicant is incapable of reliably communicating basic needs and wants (e.g., need for assistance with toileting; presence of pain) in a manner that can be understood by others, including through the use of assistive devices; or the Applicant is incapable of understanding and following very simple instructions and commands without continual intervention (daily or at least four days per week).

Approval of this deficit shall require documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of communication assistance required.

Helpful Hint Communication

Expressive:

An example may be the applicant needs help to let others know that he/she needs to use the toilet.

Receptive:

Does not include complex instructions. Can the applicant follow simple instruction within their functional ability?

Recommended documentation to support this functional deficit:

H&P, Plan of Care, ST notes, Nurse's notes, psych notes, mini-mental status exam, SLUMS, HCBS tools

TN Division of TennCare LTSS

Questions on the PAE

EXPRESSIVE: Can applicant reliably communicate basic wants and needs?

Always: Applicant is always capable of reliably communicating basic needs and wants.

Usually: Applicant is incapable of reliably communicating basic needs and wants and requires continual intervention 1-3 days per week.

Usually Not: Applicant is incapable of reliably communicating basic needs and wants, and requires continual intervention 4-6 days per week.

Never: Applicant is never capable of reliably communicating basic needs and wants, and requires continual intervention 7 days per week.

RECEPTIVE: Can applicant understand and follow very simple instructions without continual intervention?

Always: Applicant is always capable of understanding and following very simple instructions and commands without continual intervention.

Usually: Applicant is incapable of understanding and following very simple instructions and commands without continual intervention 1-3 days per week.

Usually Not: Applicant is incapable of understanding and following very simple instructions and commands without continual intervention 4-6 days per week.

Never: Applicant is never capable of understanding and following very simple instructions and commands without continual intervention 7 days per week.

Medication

Rule says…

The Applicant is not cognitively or physically capable (daily or at least four days per week) of self-administering prescribed medications at the prescribed schedule despite the availability of limited assistance from another person. Limited assistance includes, but is not limited to, reminding when to take medications, encouragement to take, reading medication labels, opening bottles, handing to Applicant, reassurance of the correct dose, and the use of assistive devices including a prepared medication box. An occasional lapse in adherence to a medication schedule shall not be sufficient for approval of this deficit; the Applicant must have physical or cognitive impairments which persistently inhibit his or her ability to self-administer medications.

Approval of this deficit shall require evidence that such interventions have been tried or would not be successful, and that in the absence of intervention, the Applicant's health would be at serious and imminent risk of harm.

Helpful Hint Medication

Applies to all medications person receives that are to be received long term. If prepared, can the applicant place the medication(s) into his/her mouth or apply patch, inject, etc.

Recommended documentation to support this functional deficit:

H&P, Plan of Care, Order/prescription for medications listed as unable to self-administer, MAR, Nurse's notes, ST notes, MDS, HCBS tools

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Question on the PAE

Is applicant physically or cognitively able to self-administer medications with limited assistance from others (as described above)? This excludes sliding scale insulin which is documented in the skilled services section.

Always: Applicant is always capable of self-administration of prescribed medications.
Usually: Applicant is incapable of self-administration of prescribed medications without physical intervention 1-3 days per week.
Usually Not: Applicant is incapable of self-administration of prescribed medications without physical intervention 4-6 days per week.
Never: Applicant is never capable of self-administration of prescribed medications without physical intervention 7 days per week.

NOTE: *If 'UN' or 'N' is marked, please list medications for which assistance is needed, and provide an explanation regarding why the applicant is unable to self-administer with limited help from others*

Behavior

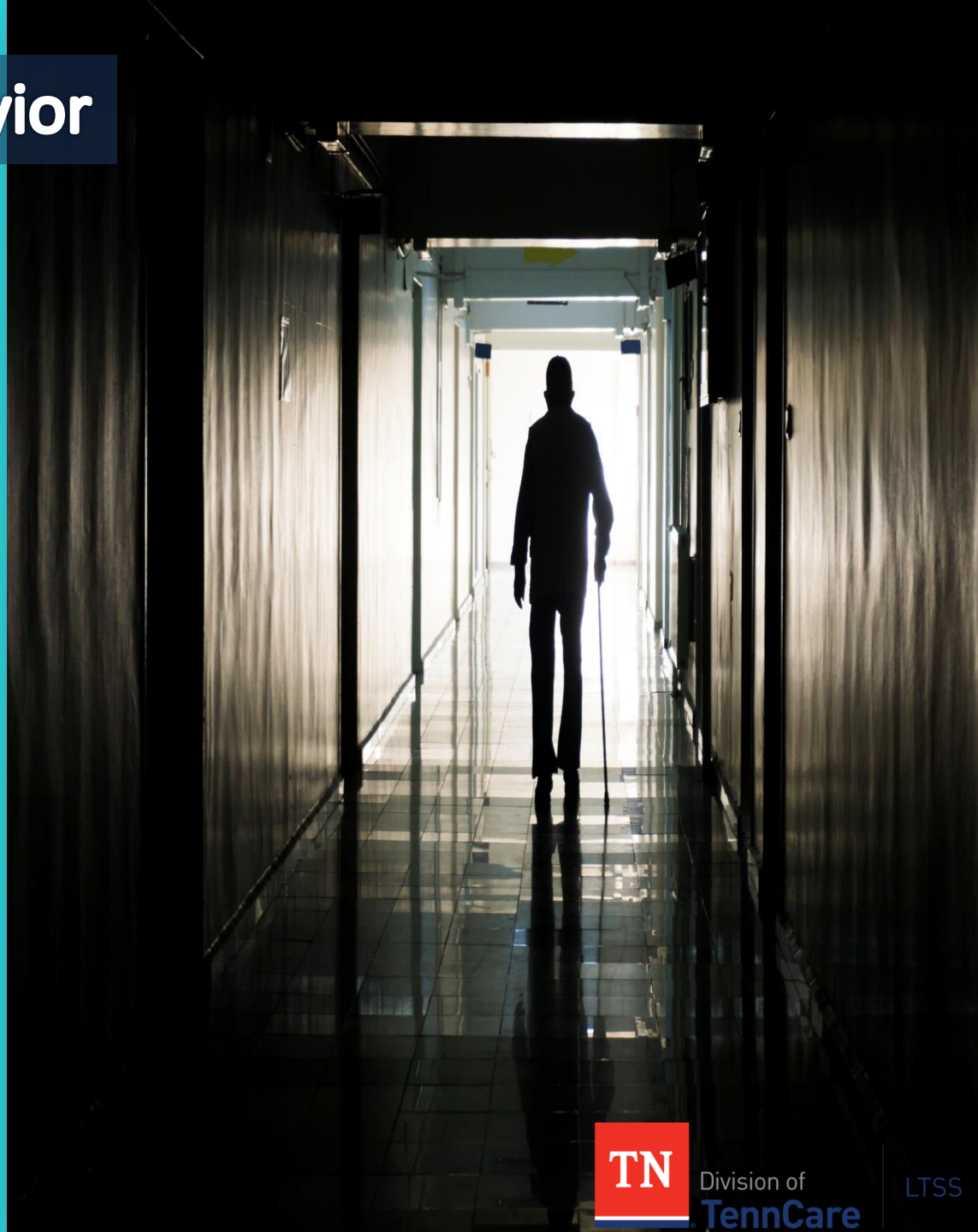
Rule says…

The Applicant requires persistent staff or caregiver intervention and supervision (daily or at least four days per week) due to an established and persistent pattern of behavioral problems which are not primarily related to a mental health condition (for which mental health treatment would be the most appropriate course of treatment) or a substance abuse disorder (for which substance abuse treatment would be the most appropriate course of treatment), and which, absent such continual intervention and supervision, place the Applicant or others at imminent and serious risk of harm. Such behaviors may include physical aggression (including assaultive or self-injurious behavior, destruction of property, resistive or combative to personal and other care, intimidating/threatening, or sexual acting out or exploitation) or inappropriate or unsafe behavior (including disrobing in public, eating non-edible substances, fire setting, unsafe cooking or smoking, wandering, elopement, or getting lost).

Approval of this deficit shall require documentation of the specific behaviors and the frequency of such behaviors.

Helpful Hint Behavior

Notice answers are in reverse from previous options, “Always” referring to the person requires intervention for behaviors. An example may be the applicant needs someone to intervene daily when he/she attempts to strike their caregiver.



Recommended documentation to support this functional deficit:

H&P, Plan of Care, Documented diagnosis, Nurse’s notes, psych notes, HCBS tools

TN Division of TennCare LTSS

Question on the PAE

Does applicant require persistent intervention for an established and persistent pattern of behavioral problems not primarily related to a mental health or substance abuse disorder?

Always: Applicant always requires persistent staff or caregiver intervention due to an established and persistent pattern of behavioral problems 7 days per week.

Usually: Applicant requires persistent staff or caregiver intervention due to an established and persistent pattern of behavioral problems 4-6 days per week.

Usually Not: Applicant requires persistent staff or caregiver intervention due to an established and persistent pattern of behavioral problems 1-3 days per week.

Never: Applicant never requires persistent intervention due to an established and persistent pattern of behavioral problems.

***NOTE**: If 'A' or 'U' is marked, please specify the behavioral problems requiring continual staff or caregiver intervention*


Did TennCare Deny Your Request!?
TN
Division of
TennCare
LTSS

Denials

PAE Denials (all)

For any errors (or deficiencies) found with the PAE:

According to TennCare Rule 1200-13-01-.10.3(b) Any deficiencies in a submitted PAE application must be cured prior to disposition of the PAE to preserve the PAE submission date for payment purposes.

1. Deficiencies cured after the PAE is denied but within thirty (30) days of the original PAE submission date will be processed as a new application, with reconsideration of the earlier denial based on the record as a whole (including both the original denied application and the additional information submitted). If approved, the effective date of PAE approval can be no more than ten (10) days prior to the date of receipt of the information which cured the original deficiencies in the denied PAE. Payment will not be retroactive back to the date the deficient application was received or to the date requested in the deficient application.

**** You must click "Revise" to make changes to the PAE in order for TennCare to be notified of a change***


Does the applicant disagree with the denial?
The applicant has the right to appeal
TN
Division of
TennCare
LTSS

Appeals

Appeal Steps

1. Applicant files written appeal within 30 days of denial
2. Appeal received by TennCare LTSS
3. Internal technical and clinical review of original PAE and appeal information to ensure LOC decision is correct
4. Request for additional documentation from NF, as applicable
5. Send to independent contractor for in person assessment
6. TennCare reviews results of assessment and makes an appeal decision
   - If the review overturns LTSS denial, approve PAE
   - If the review upholds LTSS denial, forward to TennCare Office of General Counsel for fair hearing
7. Applicant is notified of hearing in writing at least 30 days prior to hearing date

You may revise the PAE (within the first 30 days) or submit a new PAE (after 30 days) throughout this process

*No resident may be involuntarily discharged because of a denied PAE application UNTIL a timely filed appeal is resolved or the time during which an appeal may be requested has passed without action.

HCBS Tools

TN Division of TennCare | LTSS

HCBS Tools

- Please review the following slides alongside your HCBS Applicant and Collateral Tools.

Transfer

Applicant Tool:

Interview Questions:
Are you able to:
Sit down and get up from a chair by yourself?
Get in and out of bed by yourself?
Get on/off the toilet by yourself?
Comments: If the answer is not "Always" and the applicant lives alone – how do they manage when no one else is there?
Do you require physical assistance to transfer? Mark the response the applicant gives.
Who assists with transfers?
Describe the assistance needed/ provided
How many days per week do you require physical assistance with transfers?
Supporting Medical Condition(s)?
Transfer Observations: Document what you see and hear in the observations section. For example, an applicant may report that they can get in and out of bed by themselves, but they are not able to sit up by themselves. An applicant may say they cannot get in and out of bed by themselves but they met you at the door and walked to the living room with you.

Mobility

Applicant Tool:

Interview Questions:
Are you able to walk (with or without assistive devices)? Mark exactly what the applicant tells you.
Are you able to use a wheelchair independently (manual or electric)?
Do you require physical assistance from another person with mobility?
Who provides assistance?
Describe how the person assists you
If physical assistance from another person is indicated, how many days per week ?
Gait Observation: document what you observe, if you observe the mobility of the applicant.
Have you fallen inside or outside your home? If yes, please provide responses to the next questions regarding when and injuries sustained.
Supporting Medical Condition(s)?
Mobility Observations: Provide your observations to clarify the functional abilities of the individual (e.g., the applicant may tell you they never leave home except on Saturday when they drive to the store to get groceries. This would be very important information to help clarify the individual's capabilities). Conversation with the applicant can yield important descriptions about the individual's capabilities and inabilities. Note assistive devices utilized or available and not utilized.

Eating

Applicant Tool:

Interview Question:
Are you able to eat prepared meals by yourself? If no, do you require assistance? Who provides assistance?
What kind of assistance does this person provide?
If assistance from another person is indicated, how many days per week?
Do you have a feeding tube? If yes, are you able to manage feedings independently? If no, how many days per week do you require physical assistance with your tube feedings? Please do not assume that just because someone has a feeding tube they are dependent upon someone else for tube management.
Supporting Medical Condition(s)?
Eating Observations: Document any additional information which you feel would be appropriate in describing the functional ability for this applicant to eat. Particularly identify any contradictions in reported information.

Toileting

Applicant Tool:

Interview Questions:

Are you able to clean yourself, including adjusting clothing, after toileting?

If No, describe physical assistance needed, who provides assistance, and number of days per week. This is a yes or no question. You will add additional information in the observations section.

Do you have bowel incontinence?

This is a yes or no question and should include frequency of incontinence.

Do you have bladder incontinence?

This is a yes or no question and should include frequency of incontinence. If increased incontinence at a particular time you would add to this section (e.g., "I urinate when I cough"). This may be helpful documentation as this would be described as stress incontinence episodes.

Are you able to clean yourself, including adjusting clothing, after an incontinence episode?

If No, describe physical assistance needed, who provides assistance, and number of days per week. This is a yes and no question. You will add additional information in the comments section.

Do you use a catheter? Do you have an ostomy? If yes to either catheter/ostomy, can you manage without physical assistance from another person? Who provides this assistance? Describe how the person assists you.

Supporting Medical Condition(s)?

Toileting Observations: Use this section to add any information you have observed that may help "paint the picture" by what the applicant has told you. Remember this interview is only for information given by the applicant. You should not be documenting anything other than what the applicant tells you and what you have observed.

Orientation

Applicant Tool:

Prior to starting the orientation portion of this interview, inform the applicant that some of the questions may seem unnecessary but are a required part of the interview. Keep in mind this is not a behavioral health interview, you are looking strictly at functional abilities. It is important to build rapport to help the individual remain comfortable and candid. Many times someone with an orientation issue becomes skilled at covering up confusion. Ensure that anyone else present is informed that *these are questions just for the Applicant*. Always remember to be thoughtful and give the applicant time to respond to questions. If there are any questions which are not applicable, you should always write N/A. This will reflect that you have addressed all questions.

Interview Question:

Person

What is your full name? Document exactly what the person tells you. Indicate if this is correct or incorrect

Can you name the other people in the room or can you name the people from photographs in the room? Document exactly what the person tells you. Indicate if this is correct or incorrect

Information confirmed with? It is always important to confirm the information the applicant gives you with someone who knows whether or not the responses are correct.

Orientation

Applicant Tool: *continued*

Place

Can you tell me where you are? Write exact what the individual reports. Do not prompt. Indicate if this is correct or incorrect.

What is your street address/ room number (if applicable)? Write exactly what is said. Do not prompt. If s/he does not know, document that. Indicate if this is correct or incorrect.

What city/ town are you in? Write exactly what the applicant gives as a response. If s/he does not know, document that. Indicate if this is correct or incorrect.

Information confirmed with? It is always important to confirm the information the applicant gives you with someone who knows whether or not the responses are correct.

Orientation

Applicant Tool: *continued*

Event/Situation

Describe what you would do in case of an emergency
Information confirmed with?
Is assistance required with orientation? If yes, number of days per week and who provides this assistance? Describe how this person assists you?
Supporting Medical Condition(s) specific to orientation

Orientation Observations: Use this section to add any information you have observed that may help "paint the picture" by what the applicant has told you. Remember this interview is only for information given by the applicant. You should not be documenting anything other than what the applicant tells you and what you have observed.

Communication

Applicant Tool:

In this section your focus will be to interview and observe the applicant's communication abilities. You will be asking for a demonstration of these skills.

Interview Question:

Can you make people understand when you need something? Ask the applicant to respond yes or no. If the individual provides further information which you find useful in clarifying the individual's capabilities and/or limitations, add that information to the communication observations section at the end of Section 6.

Speech Impairment: This is strictly from your observation.

Hearing: Hearing is assessed from your observations. Consider your efforts to communicate with the individual when responding to this section (e.g., Have you had to make your voice louder throughout the interview to successfully communicate?).

Vision: Select the appropriate box.

Give applicant a simple command within their functional ability (raise right hand, touch nose, point to your pen) and document their ability to follow this simple command. This is assessing both the individual's receptive communication and his/her ability to respond to simple commands.

Did there appear to be any communication deficits while completing this interview?

Did applicant use communication assistive device? If yes, list type

Supporting Medical Condition(s)?

Communication Observations: Use this area to document any observations which you feel would help provide an accurate picture of the individual's status and needs (e.g., Applicant was observed with slurred, slow speech which at times required that the assessor's understanding of responses to be confirmed with the individual).

Medication

Applicant Tool:

Medications (includes: PO, IV, IM, Enteral, optics, topicals, inhalers, continuous SQ pain pump). This section refers to chronic medications only and not short term or acute medications. **NOTE: Refusal or medication noncompliance is not be interpreted as being mentally incapable. You are documenting only what you observe, you are not making a determination.**

Interview Question:

Are you physically or cognitively able to self-administer physician prescribed medications by the routes listed below at the time prescribed? (Self -administration does not include reminding when to take medications, encouragement to take, reading medication labels, opening bottles, having them handed to you and/ or reassurance of the correct dose.) ***If no, please indicate the prescribed medication on the line provided. If none prescribed via that route, please mark NA as appropriate.*** Document the exact response the applicant gives you. This is **not** the item in which to note your observations. If not applicable, mark NA to reflect that you addressed this area.

Pills/Tablets Yes, No or NA, *Eye drops* Yes, No or NA, *Inhaler/Nebulizer* Yes, No or NA, *Topicals/Patches* Yes, No or NA, *Injections* Yes, No or NA, *Meds via Tube (G Tube, J tube, NG tube…)* Yes, No or NA

If No to any of the above, the assistance required as well as the numbers of days per week should have been answered in the preceding questions.

Describe assistance required

Supporting Medical Condition(s)?

Medication

Applicant Tool: *continued*

Medication Observations: Document your observations. Be specific in reporting what you observed, while remembering that you are not writing your opinion. E.g., you might write: While the applicant reported she was prescribed eye drops there were none in the house and when the daughter arrived to assist with medications, she did not administer any drops. ***Are you receiving any treatments that are ordered by a physician to be performed by a licensed Nurse/ Therapist?*** *Please respond yes or no and describe the services in the space provided. This would be any kind of service in the home that the applicant would like to have considered when looking at approval for Choices services (PT, OT, tracheal suctioning, ventilator services…)*

*** For services listed here, if you have attached the required documentation, a collateral interview with the persons providing the service(s) will not be required.*

Behavior

Applicant Tool:

Assessor Observed Behavior: Briefly describe in the *behavioral observations* section why you marked the box(es). We ask that you document your objective observations versus your opinions. It is easy to document an opinion regarding what you see versus an observation. Be sure to be objective and specific regarding the behavior you observe and record. For example, if an applicant gives consistent short answers, one interpretation might be that the individual was "angry/irritable", and another might be that the individual was very private and reluctant to answer questions. Ensure that the individual's actions, verbal content, body language, cultural considerations and other factors are objectively reviewed when recording your observations of the individual's behavior.

Level of consciousness: Please be sure to accurately assess the level of consciousness as observed.

Is there a diagnosis which would lead to a cognitive impairment? If yes is indicated here, please obtain additional documentation to support the reported diagnosis.

Remember that this is not a mental health evaluation; it is strictly to document the functional abilities of the applicant. This is a medically focused interview questionnaire.

Behavioral Observations: Comments about social situations should not be included. E.g. prior living conditions, future living arrangements, financial issues, etc. This is a physical assessment, not a social assessment.

Transfer/Mobility

Collateral Tool:

Choose the response that matches what the collateral reports. You may repeat the description of the item and of all item responses, but you may not suggest one answer over another answer in any way. Answer all questions in this section using the check boxes provided.
Gait Description Ask the Caregiver to describe how the applicant walks (e.g., slow, steady or unsteady, holds to furniture for support, etc.).
Is this applicant able to manage mobility? If no, please specify # of days per week assistance is required and share additional information in the comments section.

Transfer/Mobility Comments: Address any information the caregiver may share regarding the mobility and transfer abilities of the applicant that are not defined by the questions. This should be written using comments of the respondent. You may also document any comments you assess to be helpful in "painting the picture" of the applicant. Note assistive devices utilized or available and not utilized.

Eating/Toileting

Collateral Tool:

Document exactly what the caregiver answers. You may ask the caregiver to describe the individual's ability to perform a skill. However, do not guide or influence the caregiver's answer.

Place food/drink in their mouth (eat) without assistance from others? Can the individual pick up food with a spoon or fork and raise to his/her mouth. Is s/he able to get the food in his/her mouth? Can s/he feed self via tube if applicable?

Toilet Independently? Can they perform the function needed.

Maintain continence of bladder? Yes or No question, ask frequency if no.

Maintain continence of bowel? Yes or No question, ask frequency if no.

Clean self after incontinence episode? Does the applicant change incontinence supplies his/herself or does s/he require some level of assistance.

Eating/Toileting Comments: If partial assistance required or unable to perform, describe the required assistance and number of days per week. Write any comments which the caregiver had made to help in "painting the picture" of the applicant. Do not make judgments; rather, simply state facts of observations, caregiver's reports, etc.

Orientation/Communication/Behavior

Collateral Tool:

Describe any episodes of confusion or disorientation – are there specific times of day, if so how many days per week? Describe specific behaviors. As with the Applicant Interview Tool, the comment sections are for you to provide objective or observational information gained from your collateral interview.

These sections are strictly for recording comments and observations that arose from the collateral interview. Do not use the comment section of the Collateral Interview Tool to reiterate information already recorded on the Applicant Interview Tool. You are to document on the Collateral Interview Tool, information from collateral interview only.

Medication

Collateral Tool:

Interview collateral about the ability of the applicant to take his/her medications and assistance needed, if any. Do not lead or answer for the collateral. Please make sure to always obtain information regarding medications from the individual responsible for dispensing those medications as appropriate. Please provide their identifying information including credentials, if applicable, in the space provided.

Is He/She able to take pills from a medcup/hand, get them to their mouth, and swallow them on the appropriate schedule? Is He/She receiving any injections, topicals, eye drops, or inhalers? If yes, are they able to self-administer? If no, number of days per week assistance is required. If no to any of the above describe intervention(s)

Medication Comments: If unable to self-administer, describe physical limitations and number of days physical assistance is needed. Include any additional information the caregiver may give during this interview regarding medication administration

The Bad News…

THERE IS NOT A FORMULA TO HELP YOU

The Good News is…

You get to use your skilled clinical knowledge

Division of TennCare | LTSS

Attestation

- In order to receive credit for this training and to extend your Qualified Assessor Code you must sign the Attestation here: https://stateoftennessee.formstack.com/forms/qualified_assessor_attestation

- After signing the attestation, your Qualified Assessor Code will be extended one year from the date of the month that your code was originally issued.

Thank you

for your taking the HCBS Qualified Assessor Refresher Training and attesting to your knowledge!

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